



COMMITTEE TYPE (choose one):

Committee Name (required): first or last name & office)		
Candidate Information:	Candidate's Name (required): LANE SANTA CRVZ	
	Candidate's mailing address (required): 55 N. MELWOOD, TVCSON 14.85745	
	Candidate's email address (required): LANE. SANTACRV7@G.MAIL.LOM	
	Candidate's phone number (required): 520-440-6950	
	Candidate's website (if any):	
Office Sought (choose one):	□ County Office: □District (if applicable): □	
	☐City/Town Office: WARD 1 COUNCIL ☐District (if applicable):	
	☐ School Board Office: ☐ District (if applicable):	
	☐ Special District Board: ☐ District (if applicable):	
Election Cycle for Office Soug	tht (year the election will take place) (required): 2023	
Party Affiliation: (required for partisan offices)	☑ Democrat ☐ Green ☐ Libertarian ☐ Republican ☐ Other:	
☐ Political Action Comm	nittee (PAC)	
Committee Name (required): (if sponsored, must include sponsor's name)		
Political Function (optional):	☐ Contributions ☐ Candidate-Related Independent Expenditures	
select any that apply)	☐ Ballot Measure Expenditures ☐ Recall Expenditures	
Sponsorship Information:	Sponsor's name or nickname (required):	
and industrial millimitation.	Sponsor's mailing address (required):	
1.0		
	Sponsor's email address (required):Sponsor's phone number (if any):	
1.0	Sponsor's email address (required):	
if applicable)	Sponsor's email address (required):Sponsor's phone number (if any):	
Special Status (if applicable)	Sponsor's email address (required): Sponsor's phone number (if any): Sponsor's website (if any):	
if applicable) Special Status	Sponsor's email address (required): Sponsor's phone number (if any): Sponsor's website (if any): Separate Segregated Fund of a Corporation, LLC, Partnership, or Union	
if applicable) Special Status (if applicable)	Sponsor's email address (required): Sponsor's phone number (if any): Sponsor's website (if any): Separate Segregated Fund of a Corporation, LLC, Partnership, or Union Standing Committee (must also complete separate standing committee registration)	
if applicable) Special Status if applicable) Political Party	Sponsor's email address (required): Sponsor's phone number (if any): Sponsor's website (if any): Separate Segregated Fund of a Corporation, LLC, Partnership, or Union Standing Committee (must also complete separate standing committee registration)	
if applicable) Special Status if applicable)	Sponsor's email address (required):	
if applicable) Special Status if applicable) Political Party Committee Name (required): (must include party affiliation)	Sponsor's email address (required):	
if applicable) Special Status if applicable) Political Party Committee Name (required): (must include party affiliation)	Sponsor's email address (required):	
if applicable) Special Status if applicable) Political Party Committee Name (required):	Sponsor's email address (required):	
if applicable) Special Status if applicable) Political Party Committee Name (required): (must include party affiliation)	Sponsor's email address (required):	

	Initial Application
Γ	Amended Application
Da	nte:



COMMITTEE ID NUMBER (office use only)

COMMITTEE INFORMATION:

Contact Information:	Committee's mailing address (required): PO BOX 27758, TUCSON A2, 85724
	Committee's email address (required): LALANE FORTUCSON @GMAIL . COM
	Committee's phone number (if any):
	Committee's website (if any): LA LANE FOR TVCSON . COM
Chairperson's Information:	Chairperson's name (required): <u>Carol Brockin</u>
	Chairperson's physical address (required): 404 N. Joester Ct.
	Chairperson's mailing address (if different):
	Chairperson's email address (required): <u>Comchine 9 mail</u> com
	Chairperson's phone number (required): 570 - 999-0//0
	Chairperson's employer (required):
	Chairperson's occupation (required); ASGOCIATE PRESSOR
Treasurer's Information:	Treasurer's name (required):
	Treasurer's physical address (required): 5217 S. BLOOMFILM DR.
	Treasurer's mailing address (if different): 50ME
	Treasurer's email address (required):
	Treasurer's phone number (required): 520-243-9484
	Treasurer's employer (required): BR Abrain Sycs, LLC
	Treasurer's occupation (required): OWNER/CEO
Bank or Financial Institution:	Bank name (required): VANTAGE WEST
(do not list acct numbers)	Additional bank name (if applicable):
	Additional bank name (if applicable):

DECLARATION AND SIGNATURES:

I declare under penalty of perjury that the foregoing information is true and correct. chairperson or treasurer of the committee named herein, if applicable; (2) designat committee and authorize it to receive/make contributions/expenditures on my beha campaign finance and reporting guide; (4) agree to comply with Arizona election la §§ 16-901 to 16-938; and (5) agree to accept all notifications and legal service of p address(es) provided herein.	e the above-named committee as my official candidate If, if applicable; (3) have read the Secretary of State's w, including campaign finance laws codified at A.R.S.
Chairperson's signature:	Date:
Treasurer's signature:	Date: 1/12/23
Candidate's signature (if applicable):	Date: